

**NYS FY27 Joint Legislative Budget Hearing on Human Services
Housing Works Testimony • February 5, 2026**

Thank you for the opportunity to submit written testimony to the Joint Budget Hearing on Human Services on behalf of Housing Works, a healing community of people living with and affected by HIV/AIDS. Founded in 1990, Housing Works now provides a range of integrated services for over 15,000 low-income New Yorkers annually, with a focus on the most vulnerable and underserved—those facing the challenges of homelessness, HIV/AIDS, mental health issues, substance use disorder, other chronic conditions, incarceration, and, most recently, migrants displaced from their homes due to violence or other crises who seek safety and a better life in the United States. In 2019, Housing Works and Bailey House merged, creating one of the largest HIV service organizations in the country. Our comprehensive prevention and care services range from over 750 units of housing, to medical and behavioral health care delivered through our four Federally Qualified Health Centers, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial businesses that sustain our efforts.

Housing Works is part of the **End AIDS NY Community Coalition**, a group of over 90 health care centers, hospitals, and community-based organizations across the State. Housing Works and the Community Coalition are fully committed to realizing the goals of our historic State *Blueprint for Ending the Epidemic* (EtE) for all New Yorkers. We address certain key EtE priorities in this testimony and urge members of the Assembly and Senate Human Services Committees to review all the important issues addressed in the ***End AIDS New York Community Coalition Ending the Epidemic New York State Budget and Policy Priorities*** for fiscal year 2027 that I have attached to my testimony.

We have made significant progress implementing the 2015 [*Ending the Epidemic \(EtE\) Blueprint*](#) recommendations developed collaboratively by HIV community members, providers, advocates, and New York State and local public health authorities. Our EtE efforts enabled us to “bend the curve” of the epidemic by the end of 2019, decreasing HIV prevalence in NYS for the first time. Recently released 2024 surveillance data show that while the number of persons newly diagnosed with HIV in NYS decreased 36% from 2011 to 2024, it is troubling that NYS has now seen three years of slight increases in the number of new HIV diagnoses, after years of decline. The 2024 data also show the persistence of stark and unacceptable disparities in HIV’s impact on Black and Hispanic New Yorkers, transgender New Yorkers, and young men who have sex with men. In 2024, rates of new HIV diagnoses among non-Hispanic Black and Hispanic New Yorkers were 9.2 and 5.4 times higher than the rate for non-Hispanic Whites, and Black New Yorkers had the lowest rate of viral load suppression. In New York City, 85% of persons newly diagnosed with HIV in 2024 were Black (44%) or Hispanic/Latino (41%), and 42% lived in zip codes of high or very high poverty at the time of their diagnosis.

Additional financial investments and policy changes are necessary to fully implement *EtE Blueprint* recommendations to reverse these troubling trends and to end AIDS as an epidemic in every region of the State and for all New Yorkers—including meaningful new investments to address the social and structural determinants that we know drive HIV health inequities, and protection and improvement of the front-line service providers that deliver care to the most vulnerable low-income New Yorkers.

We are also keenly aware of new challenges posed by Federal actions that threaten to undermine essential NYS medical, public health, and social support funding and systems. Drastic Federal reductions in funding, workforce, and restructuring of agencies responsible for public health risk undermining the technical assistance, data systems, and program infrastructure that health departments and providers rely on. Without dedicated HIV expertise at the federal level, we risk losing ground on prevention, disrupting care systems, and reversing progress toward ending the epidemic. Proposed cuts and changes to Federal support for low-income persons also threaten core public health programs, housing and food assistance, and other critical services. Longer term, cuts to Medicaid will have a significant impact on people with HIV.

Now is the time to ensure State action to sustain EtE efforts and our NYS public health response, and to make additional investments in core supports like housing that will be offset by Medicaid savings from improved health outcomes for persons with HIV and savings from averted new HIV infections.

New York City and State are also facing a worsening homelessness crisis. We established Housing Works early in the AIDS crisis, years before effective antiretroviral therapies became available, to meet the needs of homeless New Yorkers with HIV whose lack of safe housing put them at great risk for tuberculosis and other life-threatening infections unavoidable in crowded congregate shelters or while living on the streets. In 2020, we found ourselves in the midst of the COVID pandemic, which like HIV poses a particular threat to persons experiencing homelessness, who have no safe place to shelter from exposure to the virus, or to recover from COVID-19 disease. Housing Works is grateful to have had the opportunity to operate New York City Department of Homeless Services (NYC DHS) isolation shelters that provided over 2,500 New Yorkers experiencing homelessness a safe, private room in which to recover from COVID-19, 24-hour medical staff, three meals a day, and behavioral health care as needed. Most recently, we have expanded our housing services to provide transitional housing for New Yorkers experiencing homelessness, including criminal justice impacted individuals and asylum-seeking families. Drawing on these experiences, we have been working for over five years now to establish low-threshold, harm reduction stabilization centers for people experiencing homelessness on the streets, in the subways, or other places not meant for sleeping.

This testimony addresses the urgent need additional investment to address the social determinants of HIV health inequities, including for housing assistance among New Yorkers with HIV in all parts of the State, the broader but equally urgent need to transform New York's response to homelessness, and the imperative to address years of severe underinvestment in the human services workforce and the infrastructure needs of nonprofit organizations.

Provide Equitable Access to Housing Assistance as Healthcare for All New Yorkers with HIV

The persistent and unacceptable disparities in HIV health outcomes are driven in large part by the State's failure to fulfill key *ETE Blueprint* recommendations. Despite repeated promises to fully implement the *Blueprint* recommendations of an appointed 64-person EtE Task Force, the State's Executive leadership has been unwilling to expand meaningful HIV rental assistance to homeless and unstably housed people HIV/AIDS living outside of NYC.

Housing Works and the End AIDS New York Community Coalition are dismayed that once again, the Executive Budget fails to include cost-neutral provisions that would end homelessness among people with HIV (PWH) across New York by providing access to HIV rental assistance that is currently available only to PWH who live in NYC. Every low-income New Yorker with HIV experiencing homelessness or housing instability should have equal access to NYS housing resources necessary to benefit from HIV treatments and stop HIV transmission. Ongoing homelessness and housing instability among people living with HIV in communities outside NYC is fundamentally unfair, perpetuates HIV health inequities, undermines the State's ability to end our HIV epidemic, and costs the State money.

We call upon the Senate and Assembly to include in your one-house budgets the adjustments to relevant Aid to Localities language and ELFA Article VII provisions included as an attachment to this testimony that are necessary to enable every NYS community to provide access to meaningful HIV housing supports for people with HIV experiencing homelessness or unstable housing.

Safe, stable housing is essential to support effective antiretroviral treatment that sustains optimal health for people with HIV and makes it impossible to transmit HIV to others.¹ Indeed, NYS data show that unstable

¹ Aidala, et al (2016). Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. *American Journal of Public Health*, 106(1), e1–e23.

housing is the single strongest predictor of poor HIV outcomes and HIV health disparities.² Evidence also shows that HIV housing assistance is a sound healthcare investment. Housing assistance for unstably housed people with HIV has been repeatedly shown to dramatically improve individual and public health outcomes, generating savings in public health spending on acute care and averted HIV infections that more than offset the cost of housing.³ For these reasons, NYS's 2015 *ETE Blueprint* recommends concrete action to ensure access to adequate, stable housing as an evidence-based HIV health intervention.⁴

The *Blueprint's* housing recommendations have been fully implemented in New York City since 2016, where the local department of social services employs the longstanding public assistance NYS HIV Emergency Shelter Allowance program to offer every income-eligible person with HIV experiencing homelessness or housing instability access to a rental subsidy sufficient to afford housing stability, as well as the HIV 30% rent cap enacted by NYS in 2014 affordable housing protection for public assistance eligible PWH who rely on disability benefits or other income too low to support their share of housing costs.

But some 10 years after the State's adoption of the *ETE Blueprint*, the same NYS HIV rental assistance and affordable housing protection is not available to public assistance-eligible PWH in any NYS community outside NYC, the overwhelming majority of whom are from the Black, Hispanic, and LGBTQ+ communities disparately impacted by HIV. As the result, an Office of Temporary and Disability Assistance (OTDA) analysis shows that as many as 2,800 households living with HIV remain homeless or unstably housed in communities outside NYC because the 1980's NYS regulations governing the HIV Emergency Shelter Allowance (HIV ESA) set maximum rent for an individual at just \$480 per month—far too low to secure decent housing anywhere in the State—and only the NYC local department of social services has the resources to work with NYS to approve “exceptions to policy” to provide meaningful HIV ESA rental subsidies in line with fair market rents and other low-income rental assistance programs.⁵

Local social service districts outside NYC do not have the local resources to pay the standard 71% share of the public assistance cost of meaningful rents or the 30% rent cap, so public-benefit eligible households experiencing homelessness or housing instability while struggling to manage HIV in NYS counties outside NYC are denied access to the Statewide NYS HIV Emergency Shelter Allowance program.

Language included in the last **seven** enacted NYS budgets *purports* to extend access to the same meaningful HIV housing supports across the State, but as written has failed to assist even a single low-income household living with HIV outside NYC. This failed language, unfortunately carried over again in the recently released Executive Budget, allows local departments of social services outside NYC to provide meaningful HIV housing assistance, but provides no NYS funding to support the additional costs to local districts outside NYC.

To finally enable every NYS local social service district (at their option, not as a mandate) to provide extremely low-income New Yorkers experiencing homelessness or housing instability equal access to lifesaving HIV housing assistance, we strongly urge the Assembly and Senate to include in your one-house budgets the attached amendments to the relevant Aid to Localities budget language and ELFA Article VII provisions to:

² Feller & Agins (2017). Understanding Determinants of Racial and Ethnic Disparities in Viral Load Suppression: A Data Mining Approach. *Journal of the International Association of Providers of AIDS Care*, 16(1): 23-29.

³ See, e.g., Basu, et al. (2012). Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care. *Health Services Research*, 47(1 Pt 2): 523-543.

⁴ NYS Department of Health AIDS Institute, 2015. New York State's Blueprint for Ending the Epidemic. Available at https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf

⁵ The NYC Human Resources Administration's current payment standard for HIV Emergency Shelter Allowance rental assistance is 108% of HUD FMR, in line with Section 8 Housing Choice Vouchers and other low-income housing assistance, to ensure that PWH are not disadvantaged in the housing market.

- Authorize local social service districts to provide income eligible people with HIV experiencing homelessness or housing instability meaningful HIV Enhanced Shelter Allowance (ESA) assistance up to an amount in line with 110% of fair market rents established by the federal Department of Housing and Urban Development (HUD FMR) for each locality and household;
- Expand access to the 30% rent cap HIV affordable housing protection Statewide to all public assistance eligible people with HIV with disability or other extremely low income less than or equal to 250% of the Federal Poverty Guidance; and
- Recognize the fiscal reality of communities outside NYC that provide this rental support by providing these localities 100% New York State reimbursement for HIV ESA payments and additional rental costs determined based on limiting rent contributions to 30% of income.

Significantly, this change in public assistance policy does not require an additional budget appropriation, as the additional public assistance spend —\$3.7 million in FY27 according to the OTDA fiscal analysis of this proposal—can be managed within the current public assistance budget.⁶ In fact, modest investment in public assistance benefits for people with HIV experiencing homelessness and housing instability will generate Medicaid savings, estimated at \$6.6 million in FY27, that more than offset the public costs of housing making this vital initiative cost neutral or even cost saving for the State.⁷ This investment in safe, permanent housing also has the potential for shelter savings for local districts by ending or avoiding use of emergency shelter required to be provided for these public assistance recipients.

Access to statewide HIV housing assistance has been a top priority of Housing Works and members of the End AIDS Community Coalition and the NYS AIDS Advisory Council for years. The HIV Emergency Shelter Allowance program was established by NYS regulation in the 1980's. Action to make the program work for New Yorkers living with HIV in communities outside NYC is long overdue. Simply put, we cannot end our HIV epidemic in every community and for all New Yorkers until every person struggling to manage HIV infection while experiencing homelessness or housing instability has access to a safe, stable place to live. For that reason, *the County Executives of Albany, Erie, Monroe, and Westchester Counties have written to the Governor to urge that this public assistance policy change to enable them to provide meaningful HIV Emergency Shelter Allowances we included in the budget.*

At Housing Works, we have seen firsthand the healing power of safe, secure housing—especially for persons who face the most significant barriers to effective HIV treatment. Currently, over 90% of the residents of our HIV housing programs are virally suppressed, including housing serving vulnerable groups such as HIV-positive LGBTQ+ youth, transgender women, and women recently released from incarceration. We believe that every homeless or unstably housed New Yorker with HIV deserves the same equal access to life-saving housing supports, regardless of which part of New York State they call home.

Develop a PrEP Housing Pilot Program As Part of Comprehensive HIV Prevention

We call on the Governor and Legislature provide at least \$10M in funds in the FY27 budget to create a PrEP housing pilot as a critical component of HIV prevention for New Yorkers most vulnerable to acquiring HIV infection.

Pre-exposure prophylaxis (PrEP) to prevent acquisition of HIV is a powerful tool that is key to ending our HIV epidemic. But while PrEP uptake has increased overall, it is not reaching many New Yorkers at greatest risk, and PrEP inequities are stark. In 2024, Black and Hispanic New Yorkers accounted for 78% of new HIV diagnoses, but only 22% of those who filled a PrEP prescription. To reduce disparity and move towards

⁶ OTDA's analysis estimates additional public assistance expense of no more than \$3.7M in year one, and never exceeding \$50 million annually in out years, amounts easily absorbed by the existing public assistance appropriation.

⁷ The estimated \$3.7M public assistance expenditure in FY27 will be more than offset by an estimated \$6.6M in FY27 Medicaid savings from improved HIV health outcomes and averted new infections, with Medicaid savings estimated to exceed housing costs by as much as \$30M in out years.

equity in protection against HIV transmission, it is essential to address barriers to PrEP uptake and adherence. The proposed PrEP housing pilot would integrate temporary housing and intensive case management services for persons experiencing homelessness or housing instability and at heightened vulnerability for acquiring HIV infection, including young men who have sex with men and people of transgender experience. People with unstable housing face formidable barriers to accessing PrEP, which reduces the risk of acquiring HIV infection by about 99% when taken as prescribed. Young people with unstable housing experience up to 12 times greater risk of HIV infection than those with stable housing. Ending the epidemic requires implementing integrated solutions that address the comprehensive health, social services, and housing needs of people who could benefit from HIV prevention so they can stay healthy and prevent HIV acquisition.

Make additional investments in Peer Workforce and Employment Opportunities for PWH

We call on the Governor and Legislature to invest an additional \$10M in New York’s HIV Peer Workforce by expanding the existing HIV Employment Initiative and funding Workforce Readiness and Job Placement Services to connect trained peers to employment opportunities.

Investing in New York’s Peer workforce is an important tool for advancing EtE goals by driving improvements in health equity; health care utilization; patient care; and access to HIV prevention, treatment, and other supportive services proven to reduce health disparities. Certified Peer Workers have a potent “superpower” in that they reflect and represent the communities in which they work. Combined with specialized workforce development training, these qualities make Certified Peer Workers an exceptionally effective force in our efforts to end the epidemic and achieve health equity throughout New York State.

Ending the Epidemic through employment is a cost-saving, high-impact, evidence-based strategy to: increase health care access; support the safety net and intensify the impact of under-resourced organizations through job placement of well-trained and deeply committed frontline Peer Workers; and provide life-changing economic mobility opportunities for people living with HIV.

Investing in New York’s Peer workforce is more essential than ever as our communities face unprecedented barriers in accessing healthcare, benefits, HIV prevention, treatment, and other supportive services proven to reduce health disparities. In light of the Mandatory Community Engagement Requirements for Medicaid eligibility scheduled to go into effect in 2027, providing the funding necessary to expand the Peer workforce, including job training and employment opportunities, will be an important way to mitigate the negative impact of these new requirements.

This investment will increase the effectiveness and impact of New York’s health and human services care system and expand employment opportunities for people living with and at risk for HIV (and people with a history of substance use, mental health issues, hepatitis C, etc.) in two ways:

- Investing \$4 million in increased OTDA funding to expand the current HIV Employment Initiative (HEI) across New York State will more equitably distribute vocational support and job placement resources to reach every county in New York and get us closer to reaching ALL HIV+ New Yorkers—urban and rural, across marginalized communities—with HEI services.
- Investing \$6 million in AIDS Institute Office of the Medical Director funding for Workforce Readiness and Job Placement Services will support connecting Certified Peer Workers to jobs on the front line of health and human services across New York State. Preparing and placing Peer Workers into quality jobs in health/human services organizations builds powerful, integrated care teams that better serve diverse communities while offering pathways to career advancement as Certified Peer Workers grow into their job, expand their skills, and forge professional networks.

Create Permanent Housing Opportunities for New Immigrants

Housing Works strongly urges the Legislature and Governor to enact A1503 (Rosenthal)/S598 (Kavanagh) to make NYC FHEPS vouchers available regardless of immigration status.

This important legislation would authorize NYC to make certain housing assistance, including CityFHEPS vouchers, available to immigrants who do not yet have a documented immigration status, and provides that State reimbursement can be used to support this housing. Safe, stable housing is the baseline for individuals and families to thrive, and this change would dramatically increase housing opportunities for vulnerable and marginalized newly arrived New Yorkers.

The hotel that Housing Works operates for asylum-seeking families currently houses almost 400 individuals, including some 200 children. Each household we serve is eager to work, to contribute to the life of New York City while bettering their lives. They have the same hopes and dreams as every group of immigrants that have come to our City and have made it the rich and diverse place that we love. Indeed, the asylum seekers we've met have a deep culture of working and are eager to gain employment. It is also true, however, that like every group of new immigrants they are dealing with legal, language, and cultural challenges. Erecting additional barriers to housing and other basic survival services only deepens their marginalization. Housing Works believes that as a State and City we have not only a legal and moral obligation to provide both emergency shelter and permanent housing opportunities for new arrivals.

Address Severe Under-Investment in the Workforce & Infrastructure of Non-Profit Providers

Housing Works urges the Governor and Legislature to take action in this year's State budget to address urgent issues that threaten to undermine the stability and effectiveness of the State's essential human services organizations—by broadening the applicability of the COLA for State contracted human services workers and increasing the amount of the COLA proposed for this year, establishing a \$21/hour minimum wage for State funded health and human services workers; and increasing the indirect rate on NYS contracts to a nonprofit's established federally-approved indirect rate.

Nonprofit human service organizations that have been on the front lines of the HIV, HCV, COVID, Mpox, and overdose responses face ongoing and new challenges as the result of years of severe under-investment in their work force and essential infrastructure needs – leaving them struggling to attract and retain staff while also dealing with inadequate or outdated systems for information technology, electronic data, financial management, human resources, and other key functions. Inadequate State contract reimbursement rates have resulted in poverty-level wages for human services workers, who are predominantly women and people of color, and limit the ability to invest in critical systems. Essential human services workers are among the lowest paid employees in New York's economy, resulting in high turnover and serious disadvantage in an increasingly competitive labor market. Building infrastructure capacity is not only essential to effective and efficient service delivery but will be required to for community-based nonprofit providers to prepare for, negotiate, and participate in coming value-based payment arrangements for service delivery.

Housing Works strongly supports the call for the Governor and Legislature to work together to increase the Targeted Inflationary Increase (TII, formerly the COLA) for human services workers from the 1.7% included in the Executive Budget proposal to at least 2.7%, in line with the July 2025 CPI-U. New York must make meaningful investments to close service gaps, eliminate disparities, and improve access to services by investing in the human services workforce. and addressing inflated operating expenses that service providers are struggling to pay. Human services providers fought hard last year for a 7.8% increase, which represented the total of the current inflationary increase of 2.9% (CPI July 2024) and the difference between the human services COLAs over the past three

years (12.2%) and the CPI increases (17.1%) over that same period. Unfortunately, this effort failed and the FY26 enacted budget included only a 2.6% COLA, which advocacy groups widely described as inadequate for workforce stabilization. We are disappointed that the FY 2027 Governor's Executive Budget proposes an even smaller 1.7% TII for human services workers. Due to decades of underfunding our state remains in a full-scale crisis characterized by ever-increasing demands for services, limited access to care, and an extremely hard-pressed workforce that the sector struggles to attract and retain. We urge the Legislature to fill the gap to ensure a 2.7% TII as minimum inflationary floor to address significant and persistent job vacancies and workforce shortages

Moreover, programs created after the New York State Cost-of-Living Adjustment (COLA) statute enacted in 2007 are not included in even these small TII increases, so many workers under contract with the State may be left out. For example, the Health Home Care Coordination program has been excluded from the COLA granted to other programs. It is vital to broaden the applicability of the COLA. No worker should be left out due to technicalities, and all human services workers deserve the most basic COLA to keep up with inflation. We call for passage of S1580 (Persaud)/A2590 (Hevesi) to include ALL State human services contracts under the COLA statute.

Nor do COLA adjustments for human services providers, although critical, address the fundamental issue of inadequate compensation. We call for a \$21/hour minimum wage for all New York State funded health and human service workers and a comprehensive wage and benefit schedule comparable to compensation for State employees in the same field.

We also urge the Governor and Legislature to invest in the infrastructure needs of nonprofits providing critical services for the most vulnerable New Yorkers—at a minimum by taking action in this year's budget to increase the indirect rate on NYS contracts from the current 10% to a nonprofit's established federally-approved indirect rate, and amending each existing NYS human services contract as soon as practicable to increase the total contract amount to reflect the contracting agency's approved Federal indirect rate "below the line" without impacting contract funding for direct services.

Support Evidence-Based Housing First Harm Reduction Housing Interventions

From our beginning, Housing Works has been committed to a low-threshold, harm reduction approach to housing assistance, where admission and retention in housing is based on behaviors, rather than status as a drug user, person with mental health issues, or other condition. Residents are held accountable, as we all are, for the behaviors and conditions necessary to live safely with neighbors, are entitled to privacy within their own home, and are encouraged to feel safe to share behavioral health needs or crises without concern about jeopardizing housing security or being required to engage in a particular course of treatment. Our programs demonstrate that this approach works, empowering residents to take action to improve their health and wellbeing, as shown by the high rate of viral load suppression, consistently over 90%, among the formerly homeless people with HIV we house. We have successfully employed a "Housing First" approach for over 35 years, which prior to the current federal administration was widely acknowledged as an evidence-based model that was endorsed as best practice by HUD and HRSA.

On behalf of the homeless and formerly homeless New Yorkers we serve, we implore New York State leadership to continue to support and fund "housing first" low-threshold housing interventions from federal attacks. We are deeply grateful for New York Attorney General Letitia James' leadership in bringing a lawsuit and securing a temporary injunction to protect billions of dollars in U.S. Department of Housing and Urban Development that provide housing and other services to help address homelessness through HUD's

Continuum of Care (CoC) program. For decades, CoC prioritized the “housing first” approach to fighting homelessness, providing immediate shelter to those in need without forcing them to meet burdensome requirements that can leave many without a safe place to sleep.

In November, the Trump administration attempted to impose new and illegal conditions on CoC grants that threaten to upend the services the program supports, including a drastic cut in funding for permanent supportive housing that could result in the eviction of some 9,000 formerly homeless households in New York State, barring CoC funding from organizations that acknowledge the existence of transgender or nonbinary individuals or that practice harm reduction, excluding programs that provide services for mental disabilities to prioritize those that only serve people with physical disabilities, and imposing new conditions to withhold funds from regions that do not conform their local homelessness laws to the administration’s priorities regarding sweeps of persons experiencing unsheltered homelessness and other forms of criminalization of homelessness.

It is critical for New York State to stand firm in its support for evidence-based policies and housing interventions demonstrated to end homelessness for individuals and improve lives, and to protect formerly homeless New Yorkers and those still experiencing homelessness from federal attacks on critical funding for these programs.

Transform New York’s Response to Homelessness and Mental Health

We urge the Governor and Legislature to reject coercive responses to unsheltered homelessness and instead facilitate and promote innovative harm reduction approaches to address our homeless and mental health crises.

It is time to employ these evidence-based harm reduction practices to address unsheltered homelessness. Housing Works has evolved in response to client needs from an initial 40-unit city-funded housing program in 1990, into a large multi-service organization that offers integrated medical, behavioral health and supportive services, and over 750 units of housing, including Housing Works-developed community residences that serve people with HIV who face specific barriers to both the housing market and retention in effective HIV care, transitional housing for people experiencing homelessness upon reentry to the community from incarceration, and most recently, newly arrived immigrant families.

To address the COVID crisis, Housing Works opened a Department of Homeless Services Isolation Hotel in March 2020, with 170 rooms to provide a safe, private, and supported space for people experiencing homelessness to recover from COVID-19 illness. This program served over 2,500 guests before the isolation hotels were closed in June 2021, applying lessons learned from years of providing harm reduction housing for people with HIV.

We learned a great deal from our COVID experience, including the critical importance of a true harm-reduction approach, and that private rooms are both humane and necessary, especially for people with mental health issues who cannot manage a shared space with a stranger. Onsite medical and behavioral health services were also key, as most of our isolation residents showed up with multiple chronic conditions that had been untreated or undertreated and present health issues as serious or more serious than COVID-19 infection. Finally, we learned that good case management, even during a short (14+ day) stay, can be life-altering if we take the opportunity to identify needs and explore options. Sometimes this meant refusing to transfer a resident until an appropriate discharge plan was in place.

Most significantly, we came to deeply appreciate how awful and dehumanizing the City shelter system is and have come to believe that we must transform the way homeless people are treated in New York. What is needed to transform our homeless response? Resources of course, but what is perhaps more vital are new approaches, a new vision for what is acceptable, and of course, collaboration to build and sustain the political will for systemic change.

Of course, we cannot end homelessness in New York unless we address the gross lack of housing that is affordable and accessible to low-income households, and we welcome renewed commitment at the State level to affordable housing development and expanded access to voucher programs that employ meaningful and uniform payment standards across low-income housing assistance programs to ensure that no population is left behind in the increasingly challenging rental market. Especially critical is the creation of permanent housing units with deep affordability, including supportive housing units.

Meanwhile, homelessness has risen to record levels in NYC, with thousands of long-time NYC residents sleeping in NYC shelters each night, thousands more New Yorkers struggling to survive on the streets or other places not intended for sleeping, and the arrival of new immigrants displaced from their homes due to violence or other crises and seeking safety and a better life.

Housing Works continues to strongly oppose any effort to expand involuntary inpatient and outpatient commitment initiatives, and in particular any effort to involuntarily commit an individual based on a determination of “*substantial inability of the person to meet his or her basic need for food, clothing, shelter or medical care.*” For over 35 years, Housing Works has successfully employed low-threshold, harm reduction strategies to engage the most marginalized New Yorkers in effective care to address co-occurring medical, mental health, and substance use disorders. What we have learned first-hand is that New Yorkers struggling to cope with serious mental health issues face multiple, significant barriers to voluntary access to the care they seek, especially those who are also trying to survive without a safe, stable place to live. These often-insurmountable barriers include a lack of supportive housing, low reimbursement rates for needed services, a shortage of health care professionals, high caseloads, and low pay for contracted service workers that makes it difficult to recruit or retain staff. As one result, on any given day, there are approximately 1,400 people with serious mental illness in City jails, where mental health services are woefully inadequate, leaving our most vulnerable New Yorkers to cycle between the streets, shelters, and jails with little or no access to voluntary care.

Housing Works, on behalf of the vulnerable New Yorkers we serve and represent, implore New York City and State to transform the City’s inhumane and ineffective response to the homelessness crisis by urgently adopting effective, evidence-based approaches that will save lives and money. We welcome Mayor Mamdani’s pledge to stop criminalizing and harassing people experiencing homelessness through sweeps of the subways and encampments of those who opt for survival in public rather than entering frightening shelters, and we must stop stigmatizing people experiencing homelessness, especially those who are dealing with untreated or undertreated chronic medical and/or behavioral health issues while trying to survive in shelter or on the streets.

Mental illness and substance use disorder among low-income New Yorkers are not criminal justice issues but rather a public health crisis, and we urge adoption of harm reduction approaches that provide every New Yorker with the safe, stable housing necessary to engage in behavioral health care, including private rooms for those struggling with mental health issues. It is time to reduce reliance on large congregate facilities for homeless single adults and shift the creation of new capacity toward single-occupancy accommodations as well as smaller, low-barrier shelter designs such as Safe Haven shelters and single-occupancy stabilization beds for persons experiencing unsheltered homelessness.

There have been numerous excellent suggestions from mental health experts and professional on steps to dramatically increase access to voluntary mental health care and provide new opportunities and hope for New Yorkers with behavioral health needs. We will focus on evidence-based strategies drawn from our own experience at Housing Works.

It is essential to fund low-threshold stabilization facilities for people experiencing unsheltered homelessness. Low-threshold facilities that combine a drop-in center with on-site medical and behavioral health care with private hotel rooms to provide transitional housing without preconditions are perhaps the most effective way to engage unsheltered persons with behavioral health needs who are unable or unwilling to access more traditional shelter or treatment programs.

Bailey House and Housing Works have been working for over five years now to secure an underutilized hotel to house an exciting new pilot “street to home” program—our Comprehensive Stabilization Services Pilot Program. Our harm reduction stabilization hotel will operate 24/7/365 and offer participants intensive case management services, access to onsite medical and behavioral health services, peer supports at the co-located drop-in center, as well as immediate access to private rooms. The Stabilization Center will offer primary care and behavioral healthcare services, case management support, housing placement assistance, and navigation and referral services. The overarching goal of the Stabilization Center – like all Housing Works services – is to improve the health and well-being of clients experiencing street homelessness by providing low-threshold “Housing First” emergency housing and services delivered in a respectful manner using a harm reduction approach. We plan to evaluate the pilot rigorously, to continue to build our own competence to offer effective services, and to provide the evidence necessary to support advocacy for system-wide change.

Housing Works believes that this is the kind of innovation that is essential to a more humane and effective homeless response for New Yorkers with medical and behavioral health issues, but we have repeatedly lost potential sites due to avoidable hurdles, setbacks, and politics, and it is unclear whether the braided funding initially approved by NYC Department of Homeless Services is still available. It is imperative that the State and City take meaningful action to facilitate and streamline the process for converting underutilized hotels and commercial spaces to create affordable housing, including supportive housing programs. And equally important to provide funding for such innovative strategies designed to meet real need while rejecting approaches that instead criminalize and harass people experiencing homelessness.

We cannot end homelessness in New York unless we address its drivers. Those include the gross lack of affordable housing, mass incarceration that removes people from the workforce and deprives them of access to low-income housing, and the insistence on criminalizing mental illness and substance use disorder among low-income New Yorkers of color. We do nothing to help homeless people by warehousing them in mass congregate shelters designed to strip them of their autonomy and even of their dignity. We must insist on policies, investments and innovation that treat people who find themselves homeless as people worthy of dignity, autonomy, respect, and care. We look forward to working with all of you towards this vision of a transformed New York State and City homeless response.

Conclusion

Housing Works, along with organizations, individuals, and communities across the State, asks for the Legislature’s support to address HIV health inequities by at last fully implementing the *ETE Blueprint* to provide access to essential housing assistance for people living with HIV in the rest of the State outside NYC, by funding an innovative PrEP housing program, and through immediate action in this year’s budget to require State contracts that are sufficient to support the right of human services workers to a living wage and enable human services nonprofits to begin to meet critical infrastructure needs. We also ask that the

Legislature to expand housing opportunities for new immigrants, and to work with us to fund and develop innovative new models of housing to support wellbeing and to transform our current State and local responses to the experience of homelessness to meet real need in a manner that supports every person's basic human rights.

Sincerely,

Charles King, CEO
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57 Willoughby Street, 2nd Floor,
Brooklyn, NY 12201
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Attachments:

- End AIDS NY Community Coalition *FY27 NYS Budget and Policy Priorities*
- Proposed EFLA Article VII language and changes needed to relevant Executive Budget proposal Aid to Localities provisions to expand access to meaningful HIV Emergency Shelter Allowances in the rest of the State outside NYC